

COMMONWEALTH OF VIRGINIA - DEPARTMENT OF SOCIAL SERVICES
APPEAL TO STATE DEPARTMENT OF SOCIAL SERVICES
CHILD PROTECTIVE SERVICES APPEAL FORM
Mail to: Appeals Unit – CPS Section • 7 N. Eighth Street • Richmond VA 23219

ADMINISTRATIVE APPEAL FORM FOR HEARING OFFICER REVIEW ONLY

**TO BE VALID, APPEAL REQUEST MUST BE RECEIVED WITHIN 30 DAYS OF LOCAL
DISPOSITION OR OTHERWISE FULFILL THE REQUIREMENTS OF § 63.1-248.6:1.**

PURSUANT TO THE APPLICABLE STATUTORY PROVISIONS, I APPEAL THE DISPOSITION OF THE
_____ DEPARTMENT OF SOCIAL SERVICES.
NAME OF COUNTY/CITY

ALL INFORMATION IS REQUIRED EVEN IF YOU ARE REPRESENTED BY AN ATTORNEY

NAME OF PERSON APPEALING: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
AREA CODE: _____ **DAYTIME TELEPHONE NUMBER:** _____
E-MAIL ADDRESS: _____

NAME OF APPELLANT'S ATTORNEY: _____
ADDRESS _____
AREA CODE: _____ **TELEPHONE NUMBER:** _____
E-MAIL ADDRESS: _____

CASE/REFERRAL NUMBER (IF KNOWN): _____
NAME (S) OF ALL ALLEGED VICTIM CHILDREN: _____

NAME OF INVESTIGATING SOCIAL WORKER: _____
DID YOU HAVE A PRE-DISPOSITIONAL CONFERENCE? ____ YES ____ NO
IF SO, WHAT WAS THE DATE OF THE CONFERENCE? _____
DID YOU HAVE A LOCAL CONFERENCE? ____ YES ____ NO
IF SO, WHAT WAS THE DATE OF THE LOCAL CONFERENCE? _____
DATE OF LETTER FROM LOCAL AGENCY STATING THAT YOU MAY APPEAL THE LOCAL DECISION:

MY APPEAL IS IN REGARD TO THE FOLLOWING CHILD PROTECTIVE SERVICES DISPOSITION (S):

___ **PHYSICAL ABUSE**
___ **PHYSICAL NEGLECT**
___ **SEXUAL ABUSE**
___ **OTHER** _____

REASON FOR APPEAL:

APPELLANT'S SIGNATURE:

DATE: